

IN RE APPLICATION OF Masakazu YAMAMOTO, et al.

SERIAL NO.: 09/623,519

FILED: 03 October 2000

FOR: DIAGNOSTIC SYSTEM FOR FLUID MACHINERY

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
- ☐ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.
- ☐ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement submitted herewith.
- ☒ Additional documents filed herewith: Response to Notification/Notification of Missing Requirements Preliminary Amendment/Declaration

The fee has been calculated as shown below.

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|---|------------------------|----------|------------------------------------|---------------|--------------|----------------|---------------------------|----------------|
| | CLAIMS REMAINING AFTER | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE |
| TOTAL | * 34 | MINUS | ** 20 | = 14 | X9 = | \$ | X18 = | \$ 252.00 |
| INDEP | * 10 | MINUS | *** 3 | = 7 | X40 = | \$ | X80 = | \$ 560.00 |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +135= | \$ | +270= | \$ |
| TOTAL | | | | | | \$ | TOTAL | \$ 812.00 |

XX A check in the amount of \$ 812.00 is attached.

XX Please charge any additional fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

XX If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. §1.136, and any additional fees required under 37 C.F.R. §1.136 for any necessary extension of time may be charged to deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

OBLON, SPIVAK, McCLELLAND,
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*If the entry in Column 2 is less than the entry in Column 1 write "0" in Column 3.

**If the "Highest Number Previously paid for" IN THIS SPACE is less than 20 write "20" in this space.

***If the "Highest Number Previously paid for" IN THIS SPACE is less than 3 write "3" in this space.